744 the county level.[3] As to preventive medical care, in 1946 in the North China Region 740,027 people received vaccinations against smallpox, 2,684,139 received inoculations against cholera, 21,514 were inoculated against typhoid, and 135,787 were inoculated with combined cholera and typhoid vaccine.[4] (For purposes of comparison, it should be noted that the population of the North China Region in 1948 was 47,460,502. For details on the changes in population and administrative geography, see chapters on Population and Geography.) Statistics of this sort are not sufficient to provide an accurate picture of the health work and health conditions in North China before 1949. No data exists on the contribution made by private institutions and practitioners in the pre-Communist years. Nevertheless, these figures give some indication of the efforts of the Nationalist Government in this field.

II. COMMUNIST OFFICIAL REPORTS

743 When Nieh Yung-chen, Communist mayor of Peking, made his report on February 25, 1950, he stated that according to statistics of 1949, there were only 17 hospitals with 1,600 beds in

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3. Chung-hua Min-kuo T'ung-chi Nien-chien [Statistical Yearbook of China], Nanking, Bureau of Statistics, 1948, pp. 341, 342, and 344.

4. Ibid., p. 347.

743 Peking. Not only was the number inadequate, but the distribution of the hospitals was uneven. Therefore, the plan for 1950 was to establish more hospitals, clinics, and mobile corps, so that workers, women, and suburban and rural inhabitants might receive more medical attention.[5] A year later, when Vice-mayor Chang Yu-yü made the 1950 progress report of the Peking Municipal Government,[6] some statistics on preventive work and new health and medical establishments were announced. In Peking, according to this statement, 804,000 people received in 1950 vaccinations against smallpox, 87,000 received BCG vaccine against tuberculosis, and 424,000 received inoculations against typhoid. (The population of Peking in 1951 was given as 2,030,986.) One new health center for women and children and five new clinics for workers had been established. With further development of the previously existing public health agencies, the report said, there was an addition of 614 beds and 374 health personnel. In comparison to 1949, continued the Communist report, there were some 180,000 more out-patients and some 1,600 more in-patients, and 172,276 clinical treatments were given and 2,335 in-patients were treated free of charge.

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5. Cheng-fu Kung-tso Pao-kao Hui-pien [Compendium of Government Reports], Peking, Jen-min ch'u-pan-she, 1951, p. 209.

6. Ibid., p. 245.

743 In spite of the alleged progress and improvements, the report declared there was much to be desired in technique, in equipment, in health education, and in the quality of work.

744 An official report made on February 1, 1951 revealed that during 1950 three more health centers were established in Tientsin, the other municipality of North China, making a total of 15, and 6 clinics were established in the rural areas, making a total of 10.[7] Furthermore, 426 herbalists (42 per cent of all practitioners of traditional Chinese medicine in Tientsin) were organized to serve in free clinics. The number of hospital beds in the whole municipality was given as 1,568. Because one of the guiding principles for health work in Communist China was special attention paid to the health of workers, free medical service and special low charges for medical treatments were also given mention in the report. On preventive medical care, it stated that in Tientsin during 1950 486,000 people received inoculations against cholera, 447,000 received inoculations of combined cholera-typhoid vaccine, 13,000 received inoculations against diphtheria, and 1,021,000 received vaccinations against smallpox. In the prevention of tuberculosis, 79,000 people were given B.C.G. shots and 219,000 were given similar experi-

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7. Ibid., pp. 285-286.

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668 The lack of information and publicity about the Patriotic Health Drive in the smaller cities and rural areas in North China leads to the conjecture that the drive either did not do so well or was not so strongly promoted as in the two municipalities. More time and further investigation of source material than this survey permits would be necessary to bear out this surmise. But this belief can be at least partly substantiated by occasional reports. One traveler reported that the people of Ch'ang-hsin-tien did not pay much attention to sanitation work in response to the call of the Patriotic Health Drive. The streets were dirty and there were many flies. Yet Ch'ang-hsin-tien is only about twelve miles southwest of Peking, on the Peking Hankow Railway. Another report of a similar nature came from Ching-hsing, a coal mining district also in Hopei Province, which mentioned that refuse and water-melon rinds were scattered everywhere and flies and mosquitoes were numerous.[20]

V. PEIPING UNION MEDICAL COLLEGE HOSPITAL

• 743 In 1950, a few months after the outbreak of warfare in Korea, the Communist Government in Peking passed an act to take over all the cultural, educational, relief, and religious

20. Kung-fei Ti Wei-sheng I-yao Kung-tso [Health and Medical Works of the Chinese Communists], Taipei, Sixth Section, Central Committee, Nationalist Party, 1955, pp. 14-15.

743 institutions which had been subsidized by financial sources from the United States of America. Statistics cited in this document were based on a survey made in 1936, the year prior to the resumption of Japan's invasion of China. The total amount of American subsidy was set at US$41,900,000, of which 14.7 per cent was used for medical and health work. The number of U.S. financed hospitals was given as over 200.[21] According to an investigation made by the Japanese East Asiatic Research Institute (Toa kenkyujo) on foreign investments in China, which was published during World War II, there were 23 American supported medical institutions, including the well-known Peiping Union Medical College (PUMC),[22] in Peiping, Tientsin, and the two provinces of Hopei and Shansi.

The hospital which formed a part of the Peiping Union Medical College had a long history of achievement and distinction. Founded at Peking (Peiping) in 1906, it was maintained and developed by the co-operation of six American and British mission boards. In July 1915, the Chinese Medical Board of the Rockefeller Foundation acquired and assumed full support of the institution. From this date it was known as

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21. Compendium of Government Reports, p. 188.

22. Toa kenkyujo, Sho gaikoku notoishi toshi [Foreign Investment in China], Tokyo, 1943, pp. 528-29.

743 the Peking Union Medical College. In July 1929, the name was changed to Peiping Union Medical College.[23]

The Ministry of Health of the Chinese Communist regime formally took over the Peiping Medical College and its hospital on January 20, 1951, and changed its name to Chinese Union Medical College and Hospital. During the Three-Anti Campaign the new administration of the college and hospital staged a meeting in May 1951 to exhibit "evidences of American imperialism."[24] The principal accusers of the former staff were two manual workers who had been employed there.[25] It is apparent that they had no professional training or medical knowledge whatsoever and were not qualified to judge medical performance or scientific experiments. However, the meeting was held as a gesture of the government's strong determination to "rid China of American imperialism."

A recent report on the Peiping Union Medical College, in a New China News Agency

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23. W. Y. Chyne, comp. and ed., Handbook of Cultural Institutions in China, Shanghai, 1936, p. 223.

24. I-wu Kung-tso-che Pi-hsü Chin-hsing Ssu-hsiang Kai-tsao [Medical Workers Must Reform Their Thoughts], Shanghai, Hua-tung i-wu sheng-huo she, 1952, pp. 81-87.

25. Ibid.

743 dispatch of December 1954, claimed that the Chinese Union Medical College Hospital had more than trebled its number of beds since 1949, according to the director of the college, Li Tsung-en. Li also said that "Soviet advanced methods of medical treatment including painless childbirth, tissue therapy, sleep therapy, and local anaesthesia in major operations had been instituted at the hospital."[26]

VI. OBSERVATIONS

742 In 1936 a Rockefeller Foundation grant made possible a research project in China -- the Cheeloo and Yenching universities Agricultural Sanitation Investigation Project. With the co-operation of many scientists and learned institutions, the project studied the health problems of agricultural population in North China.[27] The investigation was stopped by Japanese troops on December 8, 1941, when World War II officially broke out in the Far East. After the conclusion of the war, James Cameron Scott of the research staff used the data he had preserved in a book which makes public the results of the study. The members of the project hoped that this research would help to

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26. Survey of China Mainland Press, Hong Kong, American Consulate General, No. 1951, p. 29.

27. North China here includes Shantung Province, which traditionally had always been considered as a part of North China, until the Chinese Communists revised China's administrative geography and made Shantung a part of

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742 It should be as simple and as economical as possible and should involve the user in the minimum amount of trouble both in use and in maintenance. It should be planned to fit into the local agricultural system and become an integral part of it. These are the general principles which should apply anywhere. The local applications of these principles may differ a great deal in accordance with local conditions."[28] The author then suggested a "Sanitary System for North China Cities"[29] and a "Sanitary System for the North China Rural Areas."[30] Essentials to the proposals are strong governmental authority and educational work. It is interesting that many of Scott's suggestions are similar to the programs for health and sanitation established in Communist China, especially in connection with the Patriotic Health Drive. This is true despite the fact that some of the adaptations instituted by the Chinese Communists seem both naive and absurd.

743 Peiping fell into the hands of the Chinese Communists in January 1949, without any physical destruction. With its name changed back to Peking, the city became the capital of the People's Republic of China. [Since the city is

28. James Cameron Scott, Health and Agriculture of China, London, 1952, pp. 240-42.
29. Ibid., pp. 242-47.
30. Ibid., pp. 247-50.

743 known for its beauty and as a center of culture, the Communists seem determined to maintain Peking as a showplace. In its western suburb, a "city of learning" has been erected, and on its eastern outskirts an industrial area has been developed.] It was claimed in 1953 that construction had begun[31] on twenty hospitals, clinics, and sanatoriums, including a Moslem Hospital for that minority group, a children's hospital with 600 beds (claimed to be the largest of its kind in China), the Soviet Red Cross Hospital, and a sanatorium for Asian students. The Soviet Red Cross Hospital was said to be a gift from the Soviet people to China and was to be ultra-modern in equipment,[32] supported by Soviet money, and staffed by Soviet personnel. The Asian Students' Sanatorium,[33] with 300 beds, was formally opened on November 17, 1954, and may have been a gesture to impress Asiatic peoples.

744 668 Writers and artists have been enlisted to help spread government propaganda pertaining to improved health conditions by the Communist regime in Peking. For instance, Lao She, the well-known author of Rickshaw Boy, wrote a three-act play entitled The Dragon Beard

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31. "Half a New City in Five Years," China Reconstructs, Peking, China Welfare Institute, Sept.-Oct., 1954, pp. 6-9.

32. People's Daily, June 20, 1952, p. 1.

33. Survey of China Mainland Press, No. 962, pp. 25-6.

many "voluntary" contributions, to various campaigns as well as the all-but-compulsory purchase of government bonds. In 1950, the Communist government issued Victory Bonds, and North China was allocated 1,500,000 points.[28] The workers in Peking, Tientsin, and Taiyuan were pressed to buy the bonds by trade union officials and Party members.

VI. LABOR WELFARE

A. Labor Insurance and Health

Under the Labor Insurance Law, promulgated by the Ministry of Labor in March 1951 and revised in January 1953, there has been an increase in health facilities in factories and mines in North China. In June 1954, this area had more than 200 sanatoriums and rest homes with a total of more than 6,000 beds, and several similar institutions were under construction.[29] In 1949, Tientsin completed a workers' hospital with a staff of 82 to care for 200 patients daily. Tangshan industrial district in Hopei Province has a modern hospital with 330 beds.[30]

Old age pensions have been introduced in Communist China under the Labor Insurance Law. The aged workers of the famous T'ung-jen

28. Worker's Daily, Oct. 1952, p. 2; People's China, May 1, 1953, p. 15.

29. People's China, June 1954, p. 39.

30. Worker's Daily, Dec. 2, 1949, p. 4; Tsu-kuo Tsai Ch'ien-chin [China Forges Ahead], Vol. II, Peking San-lien shu-tien, p. 296.

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CONSULTATION ROOM OF THE HOSPITAL

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FILING INTO THE DINING ROOM

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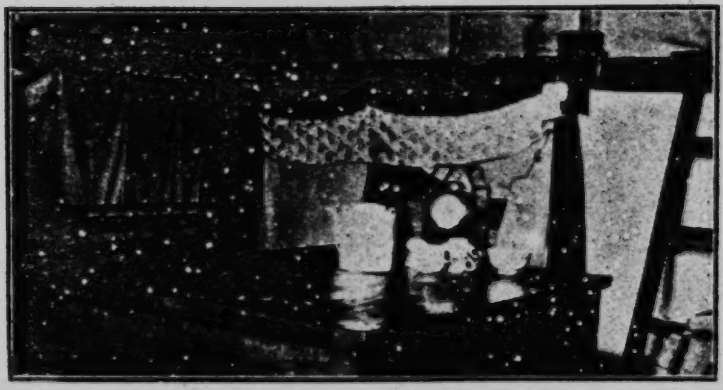

INTERIOR OF THE DORMITORY ROOM

[FACING p. 32]

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been immediately discharged, when he was discovered violating the rule. 466

Sanitary Work in the Dormitory.—The dormitory is built with an open space before it, so that it gets plenty of sunshine and air. In the dormitory, there are provided a barber shop, a bath room, a toilet room and a laundry room. (1) The furnishings and equipment of the barber shop are provided by the factory. Very reasonable rates are charged for shaves and haircuts. (2) A permit, to be procured from the supervisers, is required for taking bath. In this way, a record is kept by the supervisers of the number of baths taken by the workers. A notice is served to those who entirely neglect bathing. However, on account of the frequent transfer of the bath permits among the workers, negligent cases could not be traced. (3) The toilet room is furnished with hot and cold water pipes. But for lack of repair, the room has unfortunately fallen into disuse. (4) The factory once attempted to employ laundry men for the workers, but they were not patronized; and in order to save laundry expenses, the workers prefer to wash their own clothing in the laundry rooms provided by the factory. 466 305 466 515

The Hospital.—In its early days, the Chiu Ta Factory had only a small number of workers, for whom medical services were scarcely needed. The few cases which needed treatment were taken care of by the Peking-Mukden Railway Hospital, which was paid by the factory. It was soon felt that this arrangement was not satisfactory, when the number of workers had increased. So in 1924, a hospital was established under the joint auspices of the factory and the Pacific Alkali Works. There are in this hospital five wards which accommodate 24 patients. The medical service is rendered free of charge to members of the administrative staff and the workmen of the two factories. The hospital is in charge of a physician, a graduate from a medical college in Japan. He has on his staff two assistants and one junior clerk. The running expenses of the hospital are about $5,000 a year. 466 743

In addition to the usual medical service, the hospital is also

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466 743 responsible for the following three duties: (1) physical examination of the workers, (2) prevention of epidemics, and (3) sanitary inspection of the factory.

Physical examination is required of both new and old workers. Any workman who is found to have contracted venereal disease is dismissed immediately. The pupils of the Ming Shin Primary School are also examined at regular intervals.

466 743 751 For the prevention of epidemics, the hospital is stocked with various kinds of anti-toxins. Every worker connected with the factory must be vaccinated, the aged ones alone being exempted. Two days are reserved by the hospital every year for giving free vaccination to the inhabitants of Tangku. In case there occurs an epidemic at Tangku, the workers are immediately noticed and taught preventive measures.

Inspection is held from time to time by the physician of the hospital. Preventive measures for sickness are prescribed for the workers.

164 127 The hospital possesses complete records of cases treated, such as registration cards, diagnoses, prescriptions, diaries of the physician and nurses, and so on. These have lately been carefully studied by the physician and have been compiled into statistics. A part of these statistics, limited to the period from October 1924 to September 1925, is now available for our use and we present them in the appendix of this book.

164 466 From the statistics of sickness and our personal observations, it may be concluded that diarrhoea is the most common disease among the inhabitants of Tangku as well as the Chiu Ta workers. The diseases typical of the Chiu Ta workers are of four kinds. (1) Cold.—They are easily contracted by workers after strenuous exertion and perspiration. (2) Skin inflammation.—This is caused by the dampness of the air and cold vapour in the salt refining room. Its prevalence can be gauged from the fact that as many as 437 cases occurred in the whole year. Skin inflammation is, in fact, an occupational disease. (3) Burns.—This is usually due to contact with boiled brine and hot iron implements. The careless handling of the latter is the sole

APPENDIX I

Statistics of Cases Treated by the Hospital of the Chiu Ta Salt Refinery and the Pacific Alkali Works During the Period October 1, 1924 to September 30, 1925

(Total average number of workers throughout the year=900)

			1924			1925									
			Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Total
Medical Department	Digestive System	Mouth	3	17	4	18	3	19	8	12	2	8	3	9	106
		Stomach & Intestine	109	89	48	84	64	89	114	97	203	406	314	404	1021
		Bile System & Peritoneum	—	—	—	—	—	—	2	1	1	—	—	—	4
	Respiratory System	Trachea & Bronchi	6	17	56	43	48	50	68	30	11	16	47	16	408
		Lungs	—	—	3	2	3	4	2	15	1	2	3	—	35
		Pleura	—	—	—	—	—	—	—	14	4	10	—	—	28
	Circulation System	Heart	6	7	17	5	1	—	1	20	27	17	11	1	113
		Blood Vessels	—	—	—	—	—	—	—	—	—	—	—	—	—
	Excretory System	Kidney	—	—	—	—	—	—	—	—	—	—	—	2	2
		Urinary Bladder	—	—	—	—	—	—	—	—	—	3	1	1	5
	Nervous System	Brain & Spinal Cord	—	—	—	—	—	—	—	7	—	—	—	—	7
		Peripheral Nerves	—	4	4	—	1	1	1	25	5	14	—	1	56
		Organs of Special Senses	—	17	2	1	—	4	—	—	2	2	1	14	43
	Infectious & Contagious Diseases		3	1	—	—	—	—	—	—	—	7	27	18	56
	Systematic & Blood Diseases		73	62	22	36	28	124	104	174	161	177	85	148	1194
	Poison		—	—	—	1	—	—	—	1	—	—	—	—	2
Total number of cases in medical department			200	214	156	190	148	291	300	396	417	662	492	614	4080

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APPENDIX I.—*Continued*

				1924			1925									Total
				Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	
Surgical Department	Head and Neck	Soft Tissue	Inflammation	3	9	9	49	32	31	75	2	68	12	21	88	399
			Injury	31	5	1	21	28	52	5	7	4	8	15	19	196
			Tumor	—	1	—	3	2	3	3	7	6	17	14	12	68
		Bones	Inflammation	—	—	—	—	—	—	—	—	—	—	—	—	—
			Injury	—	—	—	—	—	—	2	—	—	—	—	—	2
			Tumor	—	—	—	—	—	—	—	—	—	—	—	—	—
		Joints	Inflammation	—	—	—	—	—	—	—	—	—	—	—	—	—
			Injury	—	—	—	—	—	—	—	—	—	—	—	—	—
			Tumor	—	—	—	—	—	—	—	—	—	—	—	—	—
	Chest, Spinal Column and Abdomen	Soft Tissue	Inflammation	4	5	17	8	19	9	1	76	119	127	55	39	479
			Injury	3	—	—	—	—	—	45	4	—	—	—	—	52
			Tumor	—	—	—	—	—	—	4	1	—	—	—	—	5
		Bones	Inflammation	—	—	—	—	—	11	—	4	1	1	1	—	17
			Injury	—	—	—	—	—	—	—	—	4	2	—	—	6
			Tumor	—	—	—	—	—	—	—	—	—	—	—	—	—
		Joints	Inflammation	—	—	1	—	—	—	2	3	—	3	—	—	9
			Injury	—	—	—	—	—	—	—	—	1	—	—	—	—
			Tumor	—	—	13	—	—	—	—	—	—	—	—	—	14
	Extremities	Soft Tissue	Inflammation	57	35	95	95	130	116	108	151	154	152	116	184	1303
			Injury	24	42	46	—	76	11	97	71	33	99	178	125	802
			Tumor	19	—	2	—	—	—	—	—	—	—	1	4	26
		Bones	Inflammation	—	—	—	—	—	—	—	1	—	—	—	—	1
			Injury	—	—	—	—	—	—	—	8	30	31	31	16	116
			Tumor	—	—	—	—	—	—	—	—	—	—	—	—	—
		Joints	Inflammation	1	—	—	—	—	—	—	—	—	—	25	—	26
			Injury	—	1	—	—	—	—	—	—	—	—	—	—	1
			Tumor	—	—	—	—	—	—	—	—	—	—	—	—	—
Total number of cases in Surgical Department				142	98	171	176	287	246	342	335	419	452	457	487	3612

APPENDIX I.—*Continued*

		1924			1925									Total number of cases in the year
		Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	
Dermatology Department	Inflammatory	8	22	4	28	46	28	34	13	16	23	103	112	437
	Parasitic	8	11	3	14	4	13	19	16	19	11	8	1	127
	Local Infection	7	—	—	—	6	6	23	—	—	—	3	11	56
	Chronic Infection	—	—	16	—	—	—	—	—	—	—	—	—	16
	Hypertrophic	—	—	4	—	—	3	1	—	—	—	—	—	8
	Atrophic	—	—	—	—	—	—	—	2	—	—	—	—	2
	Anomalies of Secretion	—	—	4	2	—	—	—	—	—	12	19	—	37
Total number of cases in dermatology department		23	33	31	44	56	50	77	31	35	46	133	124	683
Ophthalmology Department	Eyelids	7	7	7	—	23	30	14	36	9	13	17	10	173
	Conjunctival	4	6	[illegible]	[illegible]	1	21	26	14	16	8	5	25	147
	Cornea	—	—	23	1	—	—	—	—	—	10	4	—	38
	Sclera & Telons-capsule — Iris	—	—	—	—	1	—	19	8	2	—	1	—	31
	Sclera & Telons-capsule — Ciliary Body	—	—	—	—	—	—	—	—	—	—	—	—	—
	Sclera & Telons-capsule — Choroid	—	—	—	—	—	—	—	—	—	—	—	—	—
	Retain. Optic Nerve	—	—	—	—	—	—	—	—	—	—	—	—	—
	Hyperopia	—	—	—	—	—	—	—	—	—	—	—	—	—
	Myopia	—	—	—	—	—	—	—	—	—	—	—	—	—
	Lens-cataract	—	—	—	—	—	—	—	—	—	—	—	—	—
	Ocular Muscle & Arhit	—	—	—	—	—	—	—	—	—	—	—	—	—
Total number of cases in ophthalmology Department		11	13	40	12	25	51	59	58	27	31	27	35	389

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APPENDIX I.—*Continued*

		1924			1925									Total number of cases in the year
		Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	
Ears	External Auditory Channel	21	—	1	—	—	13	—	1	1	—	8	5	50
	Drum Membrane	—	—	—	—	—	—	—	—	—	—	—	—	—
	Middle Ear	1	17	—	—	—	—	—	1	31	2	13	—	85
	Internal Ear	—	—	—	1	3	—	—	—	—	—	—	—	4
	Auditory Nerve	—	—	—	—	—	—	—	—	—	—	—	—	—
Nose and Throat	Nasal Cavities	—	—	1	—	1	—	3	—	—	—	1	—	6
	Highmor's Cavities	—	—	—	—	—	—	—	—	—	—	—	—	—
	Pharynx	2	20	18	18	18	4	4	8	9	—	30	29	160
	Throat	—	5	—	—	—	2	1	3	1	—	—	—	10
Total number of cases in ears, nose & throat department ...		24	42	20	19	22	19	7	13	41	2	52	34	295
Grand Total		400	400	418	441	538	657	785	833	939	1193	1161	1294	9059

1. Of the five departments, medicine, surgery, dermatology, ophthalmology, and ears, nose and throat, the department of medicine claimed the largest number of cases. One half of the total number of cases in this department was stomach and intestine diseases, of which diarrhea (not bacillery dysentery) constituted more than 70 per cent, while next to them ranked systematic and blood diseases, of which cold comprised 80 per cent. Cold develops either into coughs or pains on the shoulders, wrist, back or heels. This is rather common with such workers as the salt boilers in the Chiu Ta Factory and firemen or carriers in the Pacific Alkali Works. The other 20 per cent of cases of systematic and blood diseases was due to insufficient nutrition.
2. In the department of surgery, the greatest number of cases was inflammation, mostly on soft tissues of the extremities and comparatively less on soft tissues of chest, spinal column and abdomen, head and neck. Cases of injury ranked next to inflammation. Of all inflamation cases in the surgical department, burns constituted less than 20 per cent. One-sixth of this was bodily inflammation, particularly common among such workers as salt boilers and firemen, while five-sixths consisted of burns, on extremities, head and neck and one or two cases of local burns, common among salt boilers of the Chiu Ta Factory and workers of the iron workshop and lime kiln of the Pacific Alkali Works.
   Injuries are usually not serious. Cases of severe injuries were less than 20.
3. Eczema of scrotum was the most common type of inflammatory skin diseases common among salt boilers, salt bakers and firemen of the Chiu Ta Factory. Next in order were parasitic scabies, of which there were about 60 cases.
4. In the dermatology department, statistics were kept only of skin diseases but not of venereal cases which were very rare.
5. In the department of ophthalmology all cases were conjunctivities. About 100 cases of trachoma were reported.
6. The majority of the cases of contagious diseases was malaria.
7. There were only two or three cases of pulmonary tuberculosis. About the same number were cases of syphilis, the patients of these cases being either cured or discharged.
8. Sickness occurred most frequently from June to September, somewhat less frequently from February to May, and comparatively few from October to January.
9. The total number of cases in this table is 9059. Calculating on the basis of 30 days a month and 12 months a year, the average is about 25 cases per day.
19. As to the result of treatment, cases of "not treated" or "unknown" constituted a little more than 2 per cent of all cases.